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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| Codification of Clarks | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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EXAMINER



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COVER LETTER

| | Registration Section Division of Corporations | |
|------------------|---|---|
| SUBJEC | CT: Vulcan Construction, L (Name of Foreign Limited Lia | |
| | | |
| Dear Sir | or Madam: | |
| The encl | losed withdrawal and fee(s) are submitted for filing. | |
| Please re | eturn all correspondence concerning this matter to the fol | lowing: |
| | Maren Money (Name of Person) | |
| | The Witz Lompany) (Firm/Company) | |
| | 400 wwst st., St. 300 | |
| | Ocs Moines, 1A 50309 (City/State and Zip Code) | |
| For furth | ner information concerning this matter, please call: | |
| <u></u> | Name of Person) at (Area (Area) | Code & Daytime Telephone Number) |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclose | d is a check for the following amount: | |
| ∑∕ \$25 F | Filing Fee \$\Bigcup \$30 \text{ Filing Fee & Box Certified Co}\$55 \text{ Filing Fee & Certified Co}\$ | - - |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

| Vulcan Construction, LLC | | |
|--|-----------|----------------------------|
| (Name of limited liability company) | | |
| lowa | | |
| (Jurisdiction of its organization) | | |
| This limited liability company is no longer transacting business in Florida and surrenauthority to transact business in this state. | ders i | its |
| This limited liability company revokes the authority of its registered agent to accept ser its behalf and appoints the Department of State as its agent for service of process base cause of action arising during the time it was authorized to transact business in Florida. | vice o | on a |
| 400 wwst St., Stc. 300 (Mailing address) | | |
| Moines, 1A 50309 (City/State/Zip) | | |
| The limited liability company agrees to notify the Department of State in the future change in its mailing address. | of ar | ıy |
| (Signature of member or authorized representative of a member) | | |
| David S. Strutt (Typed or printed name of signee) | 09 MAR 16 | SECRETARY DIVISION OF O |

Filing Fee: \$25.00